

ADDRESS _____

SNAP# _____

NEW CASTLE COUNTY HOME INFORMATION FORM FOR SPECIAL NEEDS ALERT PROGRAM (SNAP)

THIS FORM TO BE ATTACHED TO EMERGENCY INFORMATION FORM AND SHARED WITH RESPONSE UNITS

Home visits are not available in New Castle County. You are using the New Castle County Home Information Form.

Child's Name: _____ Name child responds to:

Date of home paperwork: _____

Home contact person: _____ relationship: _____

Contact Numbers: home: _____ work: _____

Cell: _____ pager: _____ other: _____

Caregivers Name(s): _____ relationship: _____

Your local Fire Department: _____

House Address and description (e.g. brown ranch; also, where to find house #):

Best entrance for patient: _____

Child's room location: _____

Primary medical issue: _____

Other medical issues / diagnoses: _____

High tech equipment: _____

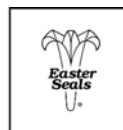
Does this child need to be transported to a specific facility? ☐ Y ☐ N

If yes, which facility? _____

Other special instructions/issues: _____



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Emergency Medical Services



Creating solutions, changing lives.



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